FORM D

SEC 1972 (6-02)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

NOTIC

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated average 1	burden
hours per response.	1

SEC USE ONLY Prefix Serial DATE RECEIVED		
Prefix	Serial	
DATE	RECEIVED	
1	1	

Name of Offering (check if this is an am *Private Placement of up to \$300 n					French E.	777 (25.00) (4.00)
Filing Under (Check box(es) that apply):	Rule 504	Rule 505	⊠ Rule	506	Section 4(6)	☑ ULOE
	A. BAS	IC IDENTIFICAT	ION DATA		^_	1011 8 0 2004
1. Enter the information requested about the						
Name of Issuer (check if this is an ame Waud Capital Partners II, L.P.	endment and name ha	as changed, and indic	ate change.)		(. 000
Address of Executive Offices 560 Oakwood Avenue, Suite 203, I		, City, State, Zip Cod s 60045	le)		umber (Including 04-9550	Area Code)
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street	, City, State, Zip Coo	le)	Telephone N	umber (Including	Area Code)
Brief Description of Business						PROCESS
Private equity investment fund form	ned for making inv	estments in equity	and debt se	curities of co	mpanies.	
Type of Business Organization						AUG 0-2 201
corporation	☑ limited partners	ship, already formed		other (pl	ease specify):	THOMSON
business trust	limited partners	ship, to be formed				THOMSON FINANCIAL
		Month	Year			
Actual or Estimated Date of Incorporation of		0 7	0 4	Actual	☐ Estimated	•
Jurisdiction of Incorporation or Organization	n: (Enter two-letter CN for Canada:	U.S. Postal Service a FN for other foreign	bbreviation for iurisdiction)		DE	
GENERAL INSTRUCTIONS					DD	
Federal:						
Who Must File: All issuers making an offer 15 U.S.C. 77d(6).	ing of securities in re	liance on an exempt	on under Reg	ulation D or Se	ection 4(6), 17 CF	R 230,501 et seq. or
When to File: A notice must be filed no late Securities and Exchange Commission (SEC after the date on which it is due, on the date) on the earlier of the	date it is received by	the SEC at the	he address give	n below or, if rece	
Where to File: U.S. Securities and Exchang	e Commission, 450 I	Fifth Street, N.W., W	ashington, D.	C. 20549		
Copies Required: Five (5) copies of this not must be photocopies of the manually signed			nich must be r	nanually signed	i. Any copies not	manually signed
Information Required: A new filing must co changes thereto, the information requested in Appendix need not be filed with the SEC.						
Filing Fee: There is no federal filing fee.						
State: This notice shall be used to indicate reliance ULOE and that have adopted this form. Issu are to be, or have been made. If a state requ accompany this form. This notice shall be fithis notice and must be completed.	ers relying on ULOI ires the payment of a	E must file a separate fee as a precondition	notice with the to the claim	he Securities A- for the exempt	dministrator in eation, a fee in the p	ich state where sales roper amount shall
		ATTENTION-				
Failure to file notice in the appropriate appropriate federal notice will not res filing of a federal notice.	e states will not re	esult in a loss of t	he federal e	xemption. C less such ex	onversely, failu emption is pre	ire to file the dicated on the

*The General Partner reserves the right to offer a greater amount of Limited Partnership Interests.

Persons who respond to the collection of information contained in this form are not

required to respond unless the form displays a currently valid OMB control number.

ROY

1 of 8

A. BASIC IDENTIFICATION DATA

2. Enter the information requ	ested for the following	ing:			
-		s been organized within the			
 Each beneficial owner fissuer; 	aving the power to	vote or dispose, or direct the	e vote or disposition of, 10%	% or more of a class	s of equity securities of the
 Each executive officer a 	and director of corpo	orate issuers and of corporat	e general and managing par	tners of partnership	p issuers; and
 Each general and management 	ging partner of partr	ership issuers.			
Check Box(es) that Apply:	⊠ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				<u> </u>
Waud Capital Partne	rs Management	II, L.P. (the General P	artner)		
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
560 Oakwood Avenu	ie, Suite 203, La	ike Forest, Illinois 600	45		
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
		e General Partner of the	he General Partner)		
Business or Residence Address					
560 Oakwood Avenu	ie, Suite 203, La	ike Forest, Illinois 600	45		
Check Box(es) that Apply:		☑ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	ndividual)				
		of Waud Capital Partn	ers II, L.L.C.)		
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
560 Oakwood Avenu	e, Suite 203, La	ike Forest, Illinois 600	45	····	
Check Box(es) that Apply:	☑ Promoter	Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	ndividual)				
		Capital Partners II, L.	.L.C.)		
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
560 Oakwood Avenu	e, Suite 203, La	ke Forest, Illinois 600	45		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
· · · · · · · · · · · · · · · · · · ·					
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				В.	INFORMA	ATION AB	OUT OFFE	RING				
1. Has	the issuer	sold, or doe									Yes	No
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accented from any individual?												
2. What is the minimum investment that will be accepted from any individual?										. <u>\$1,000,</u>	000*	
3. Doe	3. Does the offering permit joint ownership of a single unit?										Yes ⊠	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	me (Last not Applicate		f individua	1)								
Busine	ss or Reside	ence Addre	ss (Numbe	r and Stree	t, City, Sta	te, Zip Co	de)					
Name o	of Associate	ed Broker o	or Dealer									
	n Which Pe eck "All St											l States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
	me (Last n	ame first, i										
			<u> </u>	<u> </u>							···	
Busines	ss or Reside	ence Addre	ss (Numbe	r and Stree	t, City, Sta	te, Zip Co	de)					
Name o	of Associate	ed Broker o	or Dealer									
States i	n Which Pe eck "All St	erson Listed ates" or ch	d Has Solic	ited or Inte	ends to Sol	icit Purcha	sers				🔲 Al	1 States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) [MO] [PA] [PR]
Full Na	me (Last n	ame first, i	findividua	1)								
Busines	ss or Reside	ence Addre	ss (Numbe	r and Stree	t, City, Sta	te, Zip Co	de)					
Name o	of Associate	d Broker o	r Dealer		<u> </u>							
	n Which Pe											l States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

^{*}The General Partner reserves the right to accept smaller participations.

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged			
	Type of Security	Aggregat Offering Pr		Amount Already Sold
	Debt	\$0		\$0
	Equity	\$0		\$0
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$0		\$0
	Partnership Interests	\$300,000,000	*	\$0
	Other (Specify N/A)	\$0		\$0
	Total	\$300,000,000	*	\$0
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	0		\$0
	Non-accredited Investors	0		\$0
	Total (for filings under Rule 504 only)	N/A		\$N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	Type of		Dollar Amount
	Type of Offering	Security		Sold
	Rule 505	N/A		\$N/A
	Regulation A	N/A		\$N/A
	Rule 504	N/A		\$N/A
	Total	N/A		\$N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	**********		\$0
	Printing and Engraving Costs	******************	\boxtimes	\$25,000
	Legal Fees		\boxtimes	\$400,000
	Accounting Fees		\boxtimes	\$25,000
	Engineering Fees			\$0
	Sales Commission (specify finders' fees separately)			\$0
	Other Expenses (identify) Miscellaneous (e.g., travel, general fund raising expenses, and po		\boxtimes	\$50,000
	Total	,	\boxtimes	\$500,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

^{*}The General Partner reserves the right to offer a greater amount of Limited Partnership Interests.

b.	and total expenses furnished in response to Part C - Question 4.a. This difference is the "ad	just	ed	\$2:	99,500,000
5.	each of the purposes shown. If the amount for any purpose is not known, furnish an estimat	e an	d		
			Payments to Officers, Directors & Affiliates		Payments To Others
	Salaries and fees*	\boxtimes	\$45,000,000*	_ 🛛	\$0
	Purchase of real estate	\boxtimes	\$0	_ 🛛	\$0
	Purchase, rental or leasing and installation of machinery and equipment	\boxtimes	\$0	_ 🛛	\$0
	Construction or leasing of plant buildings and facilities	X	\$0		\$0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer	1 571	\$0	57	\$247,000,000
	• •			_	
	· ·				
	Other (specify):	×	\$0	_ 🔯	\$0
		×	\$0		\$0
	Column Totals	×	\$45,000,000	\boxtimes	\$254,500,000
	Total Payments Listed (column totals added)		⊠ <u>\$2</u>	299,500	,000
	each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above. Payments to Officers, Directors & Affiliates Salaries and fees* Salaries and fees* Payments to Officers, Directors & Affiliates Affiliates Salaries and fees* Payments to Officers, Directors & Affiliates Salaries and fees* Salaries and fees* Payments to Officers, Directors & Affiliates Salaries and fees* Salaries a				
follo	owing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and	Exc	hange Commiss	ion, up	on written
			 	<u> </u>	······································
Wan	ed Capital Partners II I P	-	Toly.) # 2004		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

-ATTENTION-

Title of Signer (Print or Type)

Managing Partner of Waud Capital Partners II, L.L.C., the General Partner of Waud Capital Partners Management II, L.P., the General Partner of Waud Capital Partners II,

Name of Signer (Print or Type)

Reeve B. Waud

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

^{*}Estimated management fees payable from the Fund to the General Partner and/or its affiliates throughout the Fund's investment period of six years, and management fees will continue to be paid thereafter.

	E. STATE SIGNA	TURE			
Is any party described in 17 CFR 230.26 of such rule?	Yes	No ⊠			
	See Appendix, Column 5, fo	or state response.			
2. The undersigned issuer hereby undertake. Form D (17 CFR 239.500) at such times a		istrator of any state in w	nich this notice is fi	led, a noti	ice on
3. The undersigned issuer hereby undertake issuer to offerees.	es to furnish to the state admi	nistrators, upon written	request, informatio	n furnishe	ed by the
4. The undersigned issuer represents that the Limited Offering Exemption (ULOE) of of this exemption has the burden of establishment.	the state in which this notice i	s filed and understands t			
The issuer has read this notification and knoundersigned duly authorized person.	ws the contents to be true and	d has duly caused this n	otice to be signed o	n its beha	ılf by the
Issuer (Print or Type)	Signature	1	Date		
Waud Capital Partners II, L.P.	12/		July 2004		
Name (Print or Type)	Title (Print or Type)				
•	Managing Partner of Waud	•	•		
Reeve B. Waud	Capital Partners Management L.P.	nt II, L.P., the General Pr	artner of Waud Cap	ital Partne	ers II,

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4			5		
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
	.,,			Number of Accredited		Number of Non-Accredited	A	Yes	No		
State	Yes 🗆	No 🖂	*	Investors 0	Amount 0	Investors 0	Amount 0		N0		
AK			*	0	0	0	0				
AZ		⊠	*	0	0	0	0		⊠		
AR		×	*	0	0	0	0		\boxtimes		
CA		⊠	*	0	0	0	0		⊠		
СО		×	*	0	0	0	0		×		
CT		⊠	*	0	0	0	0		⊠		
DE		×	*	0	0	0	0		Ø		
DC		Ø	*	0	0	0	0		Ø		
FL		×	*	0	0	0	0		⊠		
GA		×	*	0	0	0	0		⊠		
НІ		×	*	0	0	0	0		⊠		
ID		×	*	0	0	0	0		⊠		
IL		⋈	*	0	0	0	0		⊠		
IN		\boxtimes	*	0	0	0	0		⊠		
IA		⊠	*	0	0	0	0		⊠		
KS		⋈	*	0	0	0	0				
KY		⊠	*	0	0	0	.0		⊠		
LA		⊠	*	0	0	0	0		☒		
ME		⊠	*	0	0	0	0		×		
MD		⊠	*	0	0	0	0		Ø		
MA		×	*	0	0	0	0		Ø		
MI		×	*	0	0	0	0		×		
MN		⊠	*	0	0	0	0		×		
MS		⊠	*	0	0	0	0		×		
МО		⊠	*	0	0	0	0		⋈		
MT		Ø	*	0	0	0	0		×		
NE		⊠	*	0	0	0	0		⊠		

^{*}Up to \$300 million in Limited Partnership Interests

APPENDIX

	1 2 3 4 5										
	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
				Number of Accredited		Number of Non-Accredited					
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No		
NV		⊠	*	0	0	0	0		⊠		
NH		⊠	*	0	0	0	0				
NJ		☒	*	0	0	0	0		⊠		
NM		⊠	*	0	0	0	0		☒		
NY		⋈	*	0	0	0	0		Ø		
NC		⊠	*	0	0	0	0		⊠		
ND		⊠	**	0	0	0	0		Ø		
ОН		Ø	*	0	0	0	0		⊠		
ОК		⊠	*	0	0	0	0		⊠		
OR		⊠	*	0	0	0	0		Ø		
PA		⊠	*	0	0	0	0		Ø		
RI		×	*	0	0	0	0		×		
SC		×	*	0	0	0	0		⊠		
SD		⊠	*	0	0	0	0		Ø		
TN		×	*	0	0	0	0		Ø		
TX		⊠	*	0	0	0	0		⊠		
UT		⊠	*	0	0	0	0		⊠		
VT		\boxtimes	*	0	0	0	0		Ø		
VA		×	*	0	0	0	0		⊠		
WA		⊠	*	0	0	0	0		☒		
wv		Ø	*	0	0	0	0		⊠		
WI		⊠	*	0	0	0	0		Ø		
WY		⊠	*	0	0	0 .	0		Ø		
PR		Ø	*	0	0	0	0		⊠		